

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-25-26
Baltimore, Maryland 21244-1850



May 7, 2021

Jennifer Langer Jacobs
Director, Department of Human Services
Division of Medical Assistance and Health Services
P.O. Box 712
Trenton, NJ 08625-0712

Dear Ms. Jacobs:

We are writing to inform you that the Centers for Medicare & Medicaid Services (CMS) is approving New Jersey's request to extend the Emergency Preparedness and Response Attachment R for the "New Jersey FamilyCare Comprehensive Demonstration" (Project No. 11-W-00279/2) in order to respond to the COVID-19 pandemic. This extension makes no changes to the existing flexibilities. This attachment has been incorporated into the demonstration's Special Terms and Conditions as Attachment R.

The authorities that the state has requested in Attachment R are now effective through June 30, 2022, or 6 months after the end of the public health emergency (PHE), whichever comes sooner, and apply in all locations served by the demonstration for anyone impacted by COVID-19 who receives home and community-based services through the demonstration.

We have included the approved Attachment R pages with this correspondence. If you need assistance, feel free to contact your CMS project officer, Mr. Jack Nocito, of my staff, at (410) 786-0199 or by e-mail at Jack.Nocito@cms.hhs.gov.

Sincerely,

Angela D. Garner -S
Digitally signed by
Angela D. Garner -S
Date: 2021.05.07
11:22:48 -04'00'

Angela D. Garner
Director
Division of System Reform Demonstrations

Enclosure

cc: Michael Cutler, State Monitoring Lead, CMS Medicaid and CHIP Operations Group

APPENDIX K: Emergency Preparedness and Response and COVID-19 Addendum

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendments to its approved waiver, to multiple approved waivers in the state, and/or to all approved waivers in the state. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.¹ This appendix may be applied retroactively as needed by the state. Public notice requirements normally applicable under 1915(c) do not apply to information contained in this Appendix.

Appendix K-1: General Information

General Information:

A. State : STATE OF NEW JERSEY

B. Waiver Title (s): NJ FamilyCare (NJFC) Comprehensive Demonstration

C. Control Number(s):

11-W-00279/2

D. Type of Emergency (The state may check more than one box):

<input checked="" type="checkbox"/>	Pandemic or Epidemic
<input type="checkbox"/>	Natural Disaster
<input type="checkbox"/>	National Security Emergency
<input type="checkbox"/>	Environmental
<input type="checkbox"/>	Other (specify):

E. Brief Description of Emergency. *In no more than one paragraph each*, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state's mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

This Appendix K is additive to the previously approved Appendix K and extends the anticipated end date to six months after the public health emergency ends.

F. Proposed Effective Date: Start Date: March 1, 2020 **Anticipated End Date:** 6 months after the end of the PHE.

G. Description of Transition Plan.

All activities will take place in response to the impact of COVID-19 as efficiently and effectively as possible based upon the complexity of the change.

H. Geographic Areas Affected:

These actions will apply across the waiver to all individuals impacted by the COVID-19 virus

I. Description of State Disaster Plan (if available) Reference to external documents is acceptable:

N/A

Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver

Temporary or Emergency-Specific Amendment to Approved Waiver:

These are changes that, while directly related to the state's response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.

a **Access and Eligibility:**

i **Temporarily increase the cost limits for entry into the waiver.**
[Provide explanation of changes and specify the temporary cost limit.]

i. **Temporarily modify additional targeting criteria.**
[Explanation of changes]

Signature :

Date : 3/19/21


State Medicaid Director or Designee

First Name : Jennifer
Last Name Langer Jacobs
Title : Assistant Commissioner
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